



Instructions

If completing the application in writing, please use a black or blue pen. All blanks must be completed; please complete any sections that do not apply to you with "N/A". Owners applying on behalf of a company or a limited liability company (LLC) must be able to demonstrate ownership and authority to sign to apply.

If you have any questions not addressed by this Application Guide, please do not hesitate to call 1-833-ASK-RBNC (1-833-275-7262) to speak with a program representative.

Section A1

Applicant (Owner/Representative)

NOTE

- This section should be completed by the Applicant, i.e., an individual who owns the damaged property, their designated representative, or an owner applying on behalf of a company or LLC.

Section A1: Applicant (Owner/Representative)			
1. Full Legal Name (First, Middle, Last, Suffix)			
1a. Alternative names used (list all)			
2. Phone <input type="checkbox"/> Preferred Contact Method	2a. Will TTY services be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Email <input type="checkbox"/> Preferred Contact Method	
4. Mailing Address Line 1			
4a. Mailing Address Line 2			
4b. City/State/ZIP			
5. Application Codeword:			
6. Are you applying on behalf of an owning entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete Section A3			
7. Do you own multiple properties within the Buyout Zones? <input type="checkbox"/> Yes, number of properties <input type="checkbox"/> No <input type="checkbox"/> Unknown			
7a. If yes, do you own any of these properties under any other organization(s) or name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
7b. If Yes, list name(s):			

SECTION A1 QUESTION GUIDE

1. The Applicant should provide their full legal name.

Provide your full legal name that appears on your valid, government-issued photo identification, such as a driver's license, state-issued ID, U.S. passport, or military ID card. This should be the name listed on your birth certificate unless it was changed by a legal action, such as marriage or court order. Please be mindful not to provide a nickname.

If there is an inconsistency between your legal name and stated name, such as a different last name listed on various pieces of documentation as the result of a marriage or divorce, you may be asked to complete the Program's Same Name Affidavit and provide legal proof of the name change.

1a. The Applicant should provide any alternative names.

Provide all alternative names, or nicknames you use to identify yourself apart from your full legal name that may be listed on any documentation, such as a letter from FEMA, ownership documentation, or utility bill. For example, if your name is "Richard" but you go by "Rich" in some instances, please include that information here.

2. The Applicant should provide their preferred phone number. Check the "TTY" box if TTY services are needed.

Provide your current phone number if you have one. This phone number will be used by the Program to contact you throughout your participation in the Program. If you prefer to be contacted by telephone instead of by email, please check the box indicating this is your preferred method contact method. If you are hearing impaired and use a TTY telephone connection, indicate this by checking the **Yes** box on question 2a.

3. The Applicant should provide their preferred email address.

Provide your current email address if you have one. This email address will be used by the Program to reach you throughout your participation in the Program. If you prefer to be contacted by email instead of telephone, please check the box indicating email is your preferred contact method.

4. The Applicant should provide their mailing address.

Provide your current, preferred mailing address. Your mailing address may be different from the damaged property address. The Program is required to send you notices through the mail throughout your participation in the Program, so it is important that mail sent to this address is secure and checked regularly. If your mailing address is a P.O. box, that is sufficient.

5. The Applicant should provide an application codeword.

All applicants must create a codeword as an application security measure. To authorize discussion about your application, you, any Co-Applicant, any Communication Designee(s), and/or any Powers of Attorney must provide your codeword to the Program. Please select a codeword that is easy for you to remember, such as the model of your first car, the name of your first pet, or the name of your elementary school.

6. The Applicant should indicate if they are applying on behalf of an owning entity.

Select **Yes** to this question if the damaged property is owned by a Limited Liability Company (LLC), Limited Partnership (LP), Limited Liability Partnership (LLP), corporation, or other entity. If Yes is selected, you must also complete Application Section A3.

Continued →

SECTION A1 QUESTION GUIDE (Continued)

7. The Applicant should indicate if they own multiple properties within the Buyout Zones.

Buyout Zones – also known as Disaster Risk Reduction Areas (DRRAs) – define the areas in which property owners are eligible to apply to the ReBuild NC Strategic Buyout Program. Maps of launched Buyout Zones are available online at rebuild.nc.gov/buyout for reference, and staff at 833-ASK-RBNC can help determine whether any additional properties you own are within a Buyout Zone.

If you own more than one property within the Buyout Zone(s) in addition to the damaged property that is being applied for, select **Yes**, and provide the number of properties. If you do not own any additional property within the Buyout Zone, select **No**. If you are unsure if you own additional properties within a Buyout Zone, select **Unknown**.

7a. The Applicant should indicate if they own any properties under any other organization(s) or name(s) in the Buyout Zones.

If you answered **Yes** to Question 7 and own any properties other than the property you are currently applying for, under any other organization(s) or name(s), select **Yes**.

If you answered **Yes** to Question 7 and do not own any properties under any other organization(s) or name(s), select **No**.

If you answered **No** to Question 7, select **N/A**.

7b. If the Applicant selected Yes for Question 7, the applicant should list the organization(s) or name(s).

If you own any properties other than the property you are currently applying for, under any other organization(s) or name(s), list them here.

Section A2

Co-Applicant (Must be an Owner of the Damaged Property)

NOTE

- A Co-Applicant must be a legal owner of the damaged property for which you are applying. This section should be completed by the Co-Applicant if one exists. Adding a Co-Applicant to the application is optional, and only one Co-Applicant may be listed. Further, the Program requires that both the Applicant and Co-Applicant execute all documentation together throughout the life of the Program if a Co-Applicant is listed on the application. If there is no Co-Applicant, please select **Check if this section does not apply**.

Section A2: Co-Applicant (Must be an Owner)		<input type="checkbox"/> Check if this section does not apply	
1. Full Legal Name (First, Middle, Last, Suffix)			
2. Phone	<input type="checkbox"/> Preferred Contact Method	2a. Will TTY services be needed?	3. Email
() -		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Preferred Contact Method
4. Mailing Address Line 1			
4a. Mailing Address Line 2			
4b. City/State/ZIP			

SECTION A2 QUESTION GUIDE

1. The Co-Applicant should provide their full legal name.

Provide the Co-Applicant's full legal name that appears on their valid, government-issued photo identification, such as a driver's license, state-issued ID, U.S. passport, or military ID card. This should be the name listed on their birth certificate unless it was changed by a legal action, such as marriage or court order. Please be mindful not to provide a nickname.

If there is an inconsistency between the Co-Applicant's legal name and stated name, such as a different last name listed on various pieces of documentation as the result of a marriage or divorce, they may be asked to complete the Program's Same Name Affidavit and provide legal proof of the name change.

2. The Co-Applicant should provide their preferred phone number. Please check the "Yes" box on question 2a if TTY services are needed.

Provide the Co-Applicant's current phone number if they have one. This phone number will be used by the Program to contact them throughout their participation in the Program. If they prefer to be contacted by telephone instead of by email, please check the box indicating this is their preferred contact method. If they are hearing impaired and use a TTY telephone connection, indicate this by checking the **Yes** box to question 2a.

3. The Co-Applicant should provide their preferred email address.

Provide the Co-Applicant's current email address if they have one. This email address will be used by the Program to reach them throughout their participation in the Program. If they prefer to be contacted by email instead of by telephone, please check the box indicating this email is their preferred contact method.

4. The Co-Applicant should provide their mailing address.

Provide the Co-Applicant's current, preferred mailing address. Their mailing address may be different from the damaged property address. The Program is required to send them notices through the mail throughout their participation in the Program, so it is important that mail sent to this address is secure and checked regularly. If their mailing address is a P.O. box, that is sufficient.

Section A3

Owning Entity (If Applicable)

NOTE

- This section should only be completed if you indicated that you are applying on behalf of an owning entity in Section A1, Question 6. If you are not applying on behalf of an owning entity, please select Check if this section does not apply and proceed to Section A4

Section A3: Owning Entity (if applicable)		<input type="checkbox"/> Check if this section does not apply
1. Entity Name		
2. Phone () -	<input type="checkbox"/> PREFERRED CONTACT METHOD	3. Email <input type="checkbox"/> PREFERRED CONTACT METHOD
4. Mailing Address Line 1		
4a. Mailing Address Line 2		
4b. City/State/ZIP		
5. Applicants Relationship to Entity <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partner <input type="checkbox"/> Managing Member <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other (Please Indicate):		

SECTION A3 QUESTION GUIDE

- Provide the full name of the owning entity.**
Provide the full name, including business abbreviations (such as "Corp.", "Inc.", "LLC", etc), of the owning entity as it appears on any official business filings or legal records.
- Provide the preferred phone number of the owning entity.**
Provide a current phone number for the owning entity. This phone number will be used by the Program to contact you throughout your participation in the Program. If you prefer to be contacted by telephone instead of email, please check the box indicating this is the preferred contact method.
- Provide the preferred email address of the owning entity.**
Provide a current email address for the owning entity. This email address will be used by the Program to reach you throughout your participation in the Program. If you prefer to be contacted by email instead of telephone, please check the box indicating email is the preferred contact method.
- Provide the mailing address of the owning entity.**
Provide a current mailing address for the owning entity. The mailing address may be different from the damaged property address. The Program is required to send notices through the mail throughout the application's participation in the Program, so it is important that mail sent to this address is secure and checked regularly. If the mailing address is a P.O. box, that is sufficient.
- Indicate your relationship to the entity.**
Indicate your relationship with the entity. The relationship between an Applicant and an owning entity may be one of multiple owners as an **individual owner**; a **partner**, along with someone else; a part of the coordinated staff of the owning entity as a **managing member**; or by themselves as a **sole proprietor**. If none of the options provided reflect your relationship with the owning entity, select **other** and **specify the relationship**.

Section A4

Alternate Contact

NOTE

- The Program will reach out to your alternate contact in the event that multiple unsuccessful attempts have been made to reach you and a Co-Applicant, if a Co-Applicant is listed on the application. Please note that your application will not be discussed with the alternate contact unless you have given the Program permission to do so by completing a Communication Designee Form.

Section A4: Alternate Contact		
1. Alternate Contact Name		
2. Alternate Contact Phone () -	2a. Will TTY services be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Alternate Contact Email

SECTION A4 QUESTION GUIDE

- Provide the name of their alternate contact.**
Provide the full name of your alternate contact. The alternate contact should be a different person from the Co-Applicant in case the Program is also unable to reach them. Please provide your alternate contact's full legal name and not a nickname.
- Provide the phone number of their alternate contact. Please check the "Yes" box if TTY services are needed.**
Provide a phone number the Program can use to reach your alternate contact in the event that you and any Co-Applicant can't be reached after several attempts. If your alternate contact is hearing impaired and uses a TTY telephone connection, indicate this by checking the **Yes** box.
- The Applicant should provide the email address of their alternate contact.**
Provide a current, preferred email address the Program can use to reach your alternate contact in the event that you and any Co-Applicant can't be reached after several attempts.

Section B

Eligibility Information

Section B: Eligibility Information

- Which of the following disasters damaged the property? (Select all that apply)
☐ Hurricane Matthew (Oct. 8, 2016) ☐ Hurricane Florence (Sept. 14, 2018)
☐ Other disaster(s), please specify _____
- Did you own the property at the time of the storm? (Select all that apply) ☐ Yes, Matthew ☐ Yes, Florence ☐ No
- Have you maintained ownership of the damaged property since the time of the disaster(s) selected in Section B Question 1?
☐ Yes ☐ No, please explain: _____

SECTION B QUESTION GUIDE

1. Select which of the disaster events damaged the property.

Options include Hurricane Matthew, Hurricane Florence, or another disaster. If another disaster, specify which one. Other disasters may include but are not limited to Hurricane Dorian and Tropical Storm Michael. Please check all options that damaged the property.

2. Select whether you owned the property at the time of Hurricane Matthew or Hurricane Florence.

To be eligible for Phase I of the ReBuild NC Strategic Buyout Program, you must have owned the damaged property at the time of Hurricane Matthew or Hurricane Florence, depending on which storm impacted your area. If you select **Yes, Matthew** or **Yes, Florence** when responding to this question, indicating that you owned the damaged property at the time of the disaster, you will also need to provide proof of ownership. You can determine whether you owned the damaged property by reviewing the property deed or, if the structure is a mobile home, the title, to see if it lists your name and the damaged property address. If you are impacted by an heirship situation, you should also review available legal documentation.

3. Indicate if you have maintained ownership of the damaged property since the time of the disaster(s) selected in Section B Question 1.

If you have maintained ownership of the damaged property since the time of the disaster, select **Yes**. If there has been any transfer of ownership from you to another person or entity from the time of the disaster until now, select **No** and explain the situation on the next line. The Program will review situations on a case-by-case basis.

Section C1

Owner-occupied Household Member(s)

NOTE

- This section must be completed if the property is an owner-occupied household. For owner-occupied properties, complete the following section for all household members who occupy the property as their primary residence, including rental tenants. Make copies, if necessary, for any additional household members. If the property is not an owner-occupied residence, then select **Check if this section does not apply** and skip to the next section.
- The Applicant and Co-Applicant must be included in this section if they currently reside in the damaged property as their primary residence.
- The Applicant or Co-Applicant does NOT need to be the Head of Household listed within this section. "Head of Household" is an individual who is responsible for the majority of household expenses and is not a dependent; whoever meets this description within the household should be listed as the "Head of Household". This does not change who the Applicant is.
- ALL household members should be included here, regardless of their relationship to one another; this may include both related and unrelated persons, as well as multiple families.
- Household members 18-years-old or older will also be required to complete the Program's Income Certification and Disclosure Form.
- If your household includes more than six individuals, make additional copies of this page to provide information on all household members.

Section C1: Owner-occupied Household Member(s) – For owner-occupied properties, Applicant(s) should complete the following section for all household members who occupy the property as their primary residence, including rental tenants. Make copies, if necessary, for any additional household members.

<input type="checkbox"/> Check if this section does not apply					
	Full Legal Name (First, Middle, Last, Suffix)	Date of Birth (MM/DD/YYYY)	Is this individual a rental tenant?	Is this individual disabled?	Minors: # of Months per Year
Head of Household		____/____/____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2		____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6		____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

This information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.

Race of Head of Household (Check one)		
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> American Indian/Alaskan Native and Black
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian and White	<input type="checkbox"/> Other multi-racial
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native and White	<input type="checkbox"/> I do not wish to answer
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black/African American and White	
Ethnicity of Head of Household (Check one)		
<input type="checkbox"/> Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."		
<input type="checkbox"/> Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.		
Gender of Head of Household (Check one)		
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to answer		

SECTION C1 QUESTION GUIDE

- **For each individual who occupies the damaged property as a primary residence, provide the following information:**
 - Full legal name
 - Date of birth
 - Whether the individual is a rental tenant of the damaged property
 - Whether the individual has a disability
 - For an individual(s) 17 years of age or younger ONLY, provide the number of months out of one year that the individual(s) currently lives in the household
- **Race of Head of Household**
Select the Head of Household's race (check one). If you do not wish to answer, please select that box.

This information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations. As a reminder, the Applicant does NOT need to be the Head of Household.
- **Ethnicity of Head of Household**
Select the Head of Household's ethnicity (check one). If you do not wish to answer, please select that box.

This information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations. As a reminder, the Applicant does NOT need to be the Head of Household.
- **Gender of Head of Household**
Select the Head of Household's gender (check one). If you do not wish to answer, please select that box.

This information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations. As a reminder, the Applicant does NOT need to be the Head of Household.

Section C2

Rental Tenant Contact Info (For rental properties only)

NOTE

- *If the damaged property is a rental property, complete the following section on behalf of each separate Head of Household who occupies the property as their primary residence and/or each entity that occupies the property. This information will be used to contact tenants about potential rental assistance from the Program. Make copies, for any additional households/entities if necessary. If the property is not a rental property, or there are no current tenants, select Check if this section does not apply.*

Section C2: Rental Tenant Contact Info (For Rental Properties Only) – Applicant should complete the following section on behalf of each separate head of household who occupies the property as their primary residence (non-heads of households do not need to complete this section) and/or each entity that occupies the property. Make copies, if necessary, for any additional households/entities.

<input type="checkbox"/> Check if this section does not apply			
1. Tenant Name	Tenant Contact Phone () -	Unit #	Purpose <input type="checkbox"/> Residential <input type="checkbox"/> Commercial
2. Tenant Name	Tenant Contact Phone () -	Unit #	Purpose <input type="checkbox"/> Residential <input type="checkbox"/> Commercial
3. Tenant Name	Tenant Contact Phone () -	Unit #	Purpose <input type="checkbox"/> Residential <input type="checkbox"/> Commercial
4. Tenant Name	Tenant Contact Phone () -	Unit #	Purpose <input type="checkbox"/> Residential <input type="checkbox"/> Commercial
5. Tenant Name	Tenant Contact Phone () -	Unit #	Purpose <input type="checkbox"/> Residential <input type="checkbox"/> Commercial
6. Tenant Name	Tenant Contact Phone () -	Unit #	Purpose <input type="checkbox"/> Residential <input type="checkbox"/> Commercial

SECTION C2 QUESTION GUIDE

- **For each tenant who occupies the damaged property as a primary residence, provide the following information:**
 - Full legal name
 - Contact phone number
 - Number of the unit occupied on the property
 - Whether the individual used the property for residential or commercial purposes

Power of Attorney (POA)

Power of Attorney (POA)

1. Please select whether the Applicant or the Co-Applicant has a Power of Attorney (POA):
- ☐ Applicant or Co-Applicant has POA for another owner ☐ Another individual has POA for Applicant or Co-Applicant
- ☐ No POA
- 1a. If yes, will the POA be exercised for this application? ☐ Yes ☐ No

POA QUESTION GUIDE

1. Select whether you or the Co-Applicant have a Power of Attorney (POA).

This question asks whether you or a Co-Applicant are legally able to act on behalf of another owner of the damaged property, or have designated another individual legally able to act on your behalf, due to having executed a Power of Attorney in front of a notary.

Please select one of the following:

- Applicant or Co-Applicant has POA for another owner:**
 - Select if you or a Co-Applicant has POA for another owner of the damaged property, meaning that you are able to legally act on their behalf.
- Another individual has POA for Applicant or Co-Applicant.**
 - Select if another individual (who may or may not be an owner of the damaged property) holds POA and can legally act on behalf of you or a Co-Applicant.
- No POA**
 - Select if there is no POA held either by or for you and a Co-Applicant.

1a. Select whether you will be exercising your POA for this application.

This question asks whether you will be using your POA to act on your behalf while completing this application. If you select "Yes", you will be required to submit the POA documentation to the Program.

Section D

Damaged Property Information

NOTE

- Provide basic information concerning the damaged property (i.e., physical address of damaged property, and other names on the deed). Only one application should be completed per damaged property.

SECTION D QUESTION GUIDE

1. Provide the address of the property damaged by the disaster.

2. Select whether the damaged property could be identified by an alternative address. If Yes, please provide the other address(es).

For example, the damaged property might be identified by a different address due to re-zoning by the local municipality. This question is being asked to ensure that program staff can correctly match the information included in this application with other local, state, and federal records as the application is processed.

3. Select the damaged property's structure type.

Refer to the following definitions:

- Single Family Home:**

A dwelling unit composed of a single living unit that is surrounded by permanent open space. This could be a stick built or a modular home.
- Manufactured Home:**

A dwelling unit composed of one or more components substantially assembled in a manufacturing plant and designed to be transported to a building site on its own chassis for placement on a supporting structure. For the purposes of the Strategic Buyout Program, mobile home and manufactured home are used interchangeably.

Continued →

Section D: Damaged Property Information – Provide basic information concerning the damaged property (i.e., physical address of damaged property, and other names on the deed). Only one application should be completed per damaged property.

1. Damaged Property Address

1a. City: _____ 1b. County: _____ 1c. ZIP: _____

2. Is the damaged property identified by an alternative address? ☐ Yes ☐ No

2a. If yes, what is the other address(es) associated with the damaged property? _____

3. What type of structure is the damaged property? (Check all that apply)

☐ Single Family Home ☐ Manufactured Home ☐ Multi-Family Home, _____ of units

☐ Partially or Fully Demolished Damaged Structure ☐ Vacant Land, _____ of acres ☐ Commercial Property

☐ Religious/House of Worship ☐ Mixed Use ☐ Other _____

3a. If the structure is a manufactured home, do you own or lease the land? ☐ Own ☐ Lease ☐ Neither

3b. Is the property a part of an Homeowners Association or subject to other similar restrictions (including deed restrictions)? ☐ Yes ☐ No

4. What is the use of the property? (Check all that apply)

☐ Primary Residence ☐ Second Home ☐ Rental Property ☐ Agricultural Land ☐ Commercial Property

☐ Religious ☐ Mixed Use ☐ Vacant Land ☐ Other _____

5. To the best of your knowledge, has this property ever received disaster assistance other than for Hurricane Florence or Hurricane Matthew? ☐ Yes ☐ No ☐ Unknown

6. To the best of your knowledge has this property received assistance that requires the owner to maintain flood insurance on the damaged property? ☐ Yes ☐ No ☐ Unknown

7. Did you occupy the damaged property as your primary residence at the time of the disaster(s)? ☐ Yes ☐ No

8. Are any back taxes owed on the damaged property? ☐ Yes ☐ No ☐ Unknown

9. Are there any mortgage(s) or other lien(s) on the damaged property? ☐ Yes ☐ No ☐ Unknown

9a. List the mortgage/lien holders. If none, skip to the next section.

	Mortgage/Lien Holder Name and Contact Information	Mortgage/Lien/Judgment	Are you current on your payments?
1		<input type="checkbox"/> Mortgage <input type="checkbox"/> Lien <input type="checkbox"/> Judgment	<input type="checkbox"/> Yes <input type="checkbox"/> No
2		<input type="checkbox"/> Mortgage <input type="checkbox"/> Lien <input type="checkbox"/> Judgment	<input type="checkbox"/> Yes <input type="checkbox"/> No
3		<input type="checkbox"/> Mortgage <input type="checkbox"/> Lien <input type="checkbox"/> Judgment	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION D QUESTION GUIDE (Continued)

- **Multi-Family Home:**

Two or more units in one attached structure or building. A multi-family home could be an apartment, duplex, triplex, condo, townhome, or co-op. Please make sure to note how many total units are in the building.

- **Partially or Fully Demolished Structure:**

For properties where there was a residential structure at the time of either Hurricane Matthew and Hurricane Florence has since been partially or fully demolished.

- **Vacant Land, ____ acres:**

Land that is unoccupied and unused, or used for agricultural purposes and has no structures on it. If known, please identify how many acres the property is; if unknown enter "N/A"

- **Religious/House of Worship:**

A building owned by a religious institution which is used for worship services and related functions.

- **Commercial Property:**

Any property formerly or currently used primarily for business, retail, governmental or professional purposes.

- **Mixed Use:**

A property is used for a variety of purposes, including retail, office, residential, hotel, recreation or other functions.

- **Other:**

If used for other reasons that are not listed, please explain.

3a. If the structure is a manufactured home, please indicate if you own or lease the land.

Select whether you own or lease the land the manufactured home is currently located. If you do not own or lease the land, select **Neither**. If **Neither** is selected, the Program may ask for additional documentation or information.

3b. Indicate if the damaged property is a part of a Homeowners Association or is subject to other similar restrictions.

A Homeowners Association (HOA) is an organization in a residential area that makes and enforces rules for properties and its residents. Some HOAs have regulations and guidelines that could impact the eligibility of the damaged property.

4. Indicate how the property is used.

Refer to the following definitions:

- **Primary Residence:**

The Applicant's primary residence, or main residence is the dwelling where they usually live, typically a house or an apartment.

- **Second Home:**

A home that is not lived in full-time but whose primary purpose is not as a rental property.

- **Rental Property:**

A property that is used solely as leased or rented property for residential purpose.

- **Agricultural Land:**

Land primarily devoted to the commercial production of horticultural, viticultural, floricultural, dairy, apiary, vegetable, or animal products or of berries, grain, hay, straw, turf, seeds, and more.

- **Religious:**

A building where congregations gather for prayer or any sort of worship or religion-based meetings.

- **Mixed Use:**

Real estate property that is used for both commercial AND residential spaces.

- **Vacant Land:**

Vacant land is any land that presently has no structure in place. This land may have been built on in the past.

Continued →

SECTION D QUESTION GUIDE (Continued)

- **Other:**

If used for other reasons that are not listed, please explain.

5. **Select whether the damaged property ever received federal assistance for a disaster other than Hurricane Matthew or Hurricane Florence.**

Federal assistance includes any funds received for the damaged property as a result of a previous disaster event, e.g., FEMA Individual Assistance following a hurricane.

6. **Select whether the property owner was required to maintain flood insurance on the damaged property.**

Some federal disaster assistance requires that the property obtain and maintain a continuous flood insurance policy to protect it from future damages. If the damaged property has such a requirement on it, please select **Yes**.

7. **Select whether you lived in the damaged property as your primary residence at the time of the disaster.**

HUD defines primary residence a residence that is occupied for the majority of the calendar year and is maintained as a permanent residence. If you select **Yes** to this question, this means you occupied the damaged property for at least six months of the calendar year. Please note that an individual may have only one primary residence, and you will be required to submit documentation proving this property was your primary residence. Reminder, proof of primary residence is only required to receive incentives, but will not impact your overall eligibility for the Strategic Buyout Program.

8. **Select whether any back taxes are owed on the damaged property.**

If property tax payments for the damaged real property are not up to date, select **Yes** when answering this question. If you are unable to answer this question, select **Unknown**. If you own a manufactured home but not the land it sits on, select **Unknown**.

9. **Indicate whether there are any mortgage(s) or other lien(s) on the damaged property. List any mortgage and/or lien holders, including name and contact information; select mortgage, lien, or judgment; and select whether payments are current.**

Select **Yes**, **No**, or **Unknown** as appropriate:

For any mortgage or lien holder you are in contract with, please provide the following information:

- Mortgage or lien holding entity name
- Contact number for the mortgage or lien holding entity
- Whether you have a mortgage, lien, or judgment with the entity
 - Selecting **Mortgage** indicates that there is one or more mortgage(s) on the home. Please note: if you have only a mortgage, do not also select "Lien."
 - Selecting **Lien** indicates that a state or federal government has issued a statement regarding your damaged property and placed a lien on it.
 - Selecting **Judgment** indicates that a court has issued a judgement against your damaged property.
- Whether you are current on your payments

Section E

Disaster Assistance Sources

Section E: Disaster Assistance Sources	
Federal Emergency Management Agency (FEMA)	
1. Have you received FEMA assistance for this property? (check all that apply)	
<input type="checkbox"/> Yes, Matthew <input type="checkbox"/> Yes, Florence <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Small Business Administration (SBA)	
2. Have you received SBA assistance for this property? (check all that apply)	
<input type="checkbox"/> Yes, Matthew <input type="checkbox"/> Yes, Florence <input type="checkbox"/> No <input type="checkbox"/> Unknown	
2a. Have you accepted/declined/canceled/received a portion of these loans? (check all that apply)	
<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Canceled <input type="checkbox"/> Received partial loan amount <input type="checkbox"/> Received full loan amount <input type="checkbox"/> N/A	
Other Sources	
3. Have you applied for FEMA Hazard Mitigation Assistance (Flood Mitigation Assistance - FMA, Pre-disaster Mitigation - PDM, Hazard Mitigation Grant Program - HMGP) since 2016?	
<input type="checkbox"/> Yes - Elevation <input type="checkbox"/> Yes - Reconstruction	
<input type="checkbox"/> Yes - Acquisition <input type="checkbox"/> No <input type="checkbox"/> Unknown	
3a. If yes, have you withdrawn?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have you been approved for disaster assistance through the Disaster Recovery Act (DRA)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
4a. If yes, have you withdrawn?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION E QUESTION GUIDE

1. **Select whether any Federal Emergency Management Agency (FEMA) assistance was received for the damaged property because of Hurricane Matthew or Hurricane Florence.**
If you or another owner applied for and received FEMA assistance for the damaged property, regardless of what the assistance was for, select **Yes, Matthew** and/or **Yes, Florence**. If you or other owners of the damaged property did not apply for, or applied for but did not receive, FEMA assistance, select **No**. If you are unsure if FEMA assistance was received for the damaged property, select **Unknown**.
2. **Select whether a Small Business Administration (SBA) loan was received for the damaged property because of Hurricane Matthew or Hurricane Florence.**
If insurance and funding from FEMA did not fully cover your funding needs following the disaster, SBA offered disaster assistance in the form of low-interest loans to homeowners located in regions affected by declared disasters; these loans could have been provided for multiple purposes. If you received an SBA loan, select **Yes, Matthew**, and/or **Yes, Florence**. If you or other owners of the damaged property did not apply for, or applied for but did not receive, an SBA loan, select **No**. If you are unsure if an SBA loan was received for the damaged property, select **Unknown**.
- 2a. **Select whether a Small Business Administration (SBA) loan was accepted, declined, canceled, or received a portion of the loan.**
If you accepted your SBA loan, select **Accepted**. If you declined your SBA loan, select **Declined**. If you canceled your SBA loan, select **Canceled**. If you received a partial amount of your SBA loan, select **Received partial loan amount**. If you received your full SBA loan amount, select **Received full loan amount**. If you did not apply for or receive an SBA Loan, select **N/A**.
3. **Select whether you have applied for Hazard Mitigation Assistance (HMA) since 2016. This includes programs such as the Hazard Mitigation Grant Program (HMGP), Flood Mitigation Assistance (FMA) or Pre-Disaster Mitigation (PDM).**
Select **Yes – Elevation**, **Yes – Acquisition**, or **Yes – Reconstruction** if you applied for assistance through HMA whether or not you have received notification that you were approved for assistance. Select **No** if you did not apply for HMA assistance. If you are unsure if you applied for or have been approved for HMA, select **Unknown**.
- 3a. **Select whether you have withdrawn from the HMA program that you applied for.**
If you selected **Yes** for Question 3, indicate if you are still in a Hazard Mitigation Assistance Program or have since exited, or withdrawn from, the Program.
4. **Select whether the damaged property was approved for disaster assistance through the Disaster Recovery Act (DRA).**
If the damaged property was approved for assistance through the Disaster Recovery Act (DRA), select **Yes**.
- 4a. **Select whether you have withdrawn from receiving disaster recovery assistance through the DRA.**
If you selected **Yes** for Question 4, indicate if you are still receiving assistance through the DRA or have since exited, or withdrawn from, the Program.

Declaration of Citizenship Status

NOTE

- The Declaration of Citizenship Status asks Applicants and Co-Applicants to attest that they are a citizen, non-citizen national or qualified alien of the United States, or that they are the parent or guardian of a minor child who resides with them that is a citizen, non-citizen national or qualified alien of the United States. To be eligible for benefits from the ReBuild NC Strategic Buyout Program, either an Applicant, Co-Applicant or their minor child/ward must be a citizen, non-citizen national, or qualified alien of the United States. If this status is not met, the application may not be eligible for assistance.
- This declaration must be completed by the Applicant or Co-Applicant, either declaring their own citizenship status or declaring the citizenship status of the minor child. The Applicant or Co-Applicant should write their name, select which citizen status applies to them, sign and print their name, and date the declaration. If filling out this form on behalf of a minor child, the Applicant or Co-Applicant should provide the minor child's full name and date of birth where instructed.

Applicant Authorization

NOTE

- The Applicant Authorization permits the State of North Carolina, its agents, assigns, and contractors to obtain information about the Applicant and Co-Applicant that is necessary in determining their eligibility for participation in the Program.
- This authorization should be completed by the Applicant and Co-Applicant if there is a Co-Applicant for the application. The Applicant and Co-Applicant should sign and print their name and date the authorization.

Applicant Certifications

NOTE

- Applicant Certifications should be read carefully and acknowledged by the Applicant and Co-Applicant by initialing in all designated locations.
- The Applicant and Co-Applicant, if there is a Co-Applicant for the application, should sign and date the last certification, which states that they have read, understood and agree to all statements within the application and, under penalty of perjury, affirm that all information included within the application is true and accurate to the best of their knowledge. This certification also includes that they will hold harmless the ReBuild NC Strategic Buyout Program, its employees, agents, and assigns from liability for any damages that may arise as a result of participation in the Program.